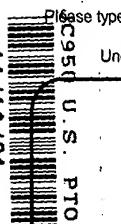


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11-26-0

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11/13/01

UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 288002021300

First Inventor Timothy R. BRAZELTON

Title METHODS FOR TREATING DISORDERS OF NEURONAL DEFICIENCY WITH BONE MARROW-DERIVED CELLS

Express Mail Label No. EL779829365US



11/13/01

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

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Date of Deposit: November 13, 2001

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Tamara Alcaraz

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:	Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
<input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (1 page in duplicate) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
<input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	[Total Pages 43]	a. <input type="checkbox"/> Computer Readable Form (CRF)	
<ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper 	
		c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
<input type="checkbox"/> Drawing(s) (35 USC 113)	[Total Sheets 1]	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
5. Oath or Declaration	[Total Pages 1]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (where there is an assignee)	<input type="checkbox"/> Power of Attorney
a. <input type="checkbox"/> Newly executed (original or copy)		11. <input type="checkbox"/> English Translation document (if applicable)	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		13. <input type="checkbox"/> Preliminary Amendment	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages)		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) Should be specifically itemized	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input type="checkbox"/> Other _____	

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No. :

Prior application information:

Examiner *

Group / Art Unit *

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Labelor Correspondence address below

25226

PATENT TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

Name	Morrison & Foerster LLP		
Address	755 Page Mill Road		
City	Palo Alto	State	California
Country	USA	Telephone	(650) 813-5600
			Zip Code 94304-1018
			Fax (650) 494-0792
Name (Print/Type)	Shantanu Basu	Registration No. (Attorney/Agent)	43,318
Signature	Shantanu Basu		
	Date November 13, 2001		

FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$496.00)

Comple <i>if Known</i>	
Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Timothy R. BRAZELTON
Examiner Name	To Be Assigned
Group Art Unit	To Be Assigned

Attorney Docket No. 286002021300

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

 Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

 Check Credit Card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	370
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$370)

2. EXTRA CLAIM FEES

Total Claims	- Independent Claims	Extra Claims	Fee from below	Fee Paid
34	- 20 =	14	x 9	= \$126.00
3	- 3 =	0	x	= \$0

Multiple Dependent

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claims, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$496.00)

** or number previously paid, if greater; For reissues, see above.

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions of the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per properties (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$0)

Complete *(if applicable)*

Name (Print/Type)	Shantanu Basu	Registration No. (Attorney/Agent)	43,318	Telephone	(650) 813-5995
Signature	Shantanu Basu			Date	November 13, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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